WESTON REGION 5 START

EMERGENCY RESPONSE

SITE HEALTH AND SAFETY PLAN

This Health & Safety Plan is strictly for Emergency Response (non-CBRN ERs), if site activities turn into a longer Site Investigation/ Assessment or Removal, WESTON's standard Health & Safety Plan needs to be generated and approved. This Health & Safety Plan is valid for 72 hours unless site conditions change. Contact the START Safety Officer to update or revise the plan.

1. SITE INFORMATION

| Prepared by: Lisa Graczyk | TDD: TBD | WO: TBD | Date Prepared: 3/25/14 | | | |
|--|---------------------------|--|---------------------------------|--|--|--|
| ER Initial Call (Date/ Time): | ER Date: | OSC R1 (Name/ Number): OSC R2 (Name/ Number): | | | | |
| 3/25/14 at 1000 CST | 3/25/14 | Steve Faryan / 312-802-0507 | Mike Beslow/312-802-0711 | | | |
| Site Name and Contact: | | START R1 (Name/ Number): | START R2 (Name/ Number): | | | |
| Whiting, IN BP Oil Spill | | Jeff Bryniarski (R1)- Brennan Johnson (R2)- | | | | |
| Site Address: | | START PM (Name/ Number): | START FSO (Name/ Number): | | | |
| 2815 INDIANAPOLIS BLVD, | Whiting, IN | Trenna Seilheimer/ (260) 348- | Jeff Bryniarski (R1)- | | | |
| | | 4911 | | | | |
| Site History: | | Current Site Information: | 3 | | | |
| NRC Report- CALLER STAT DISCOVERED ON THE OUTFA REFINERY FACILITY DUE T CAUSES. | LL OF THE | NRC Report- CALLER STATED BOOMS APPLIED, ABSORBENTS APPLIED, CONTINUING TO INVESTIGATE THE SOURCE. | | | | |
| Scope of Work: (1) START and EPA t | o conduct Site reconnaiss | ance and air monitoring or sampling. (| 2) Oversee and document cleanup | | | |
| activities. (3) Conduct confirmation sai | npling and water samplir | ng, if necessary. | • 1 | | | |
| | | | | | | |

2. REVIEW AND APPROVAL

| | Name | Signature | Date |
|---|---------------|-------------|-----------|
| Reviewed and Approved by: SO/DSM/CHS | Linda Korobka | Find Stroke | 3/25/2014 |
| Reviewed by: FSO/ Site Manager | | ; | |
| Post Response Review by: | | : | |
| Post Response Approval by: | | : | |

3. RESPONSE TASKS/ DURATION

| | Tasks | Duration | Tasks | Duration |
|-------------|----------------------|--------------|-----------------|--------------|
| | | (Hours/Days) | | (Hours/Days) |
| \boxtimes | Perimeter Recon | 24hours/TBD | Site Entry | 24hours/TBD |
| \boxtimes | Documentation | 24hours/TBD | Air Monitoring | 24hours/TBD |
| \boxtimes | Multi-Media Sampling | | Decontamination | |
| | Hazcatting | | Data Management | |

4. PHYSICAL HAZARDS TO PERSONNEL \boxtimes Buddy System - The buddy or line of sight system is mandatory for all site personnel. Heat Stress - The FSO shall generally be guided by the Weston OP in determining work/rest periods. Fluids shall be available at all times and encouraged during rest periods. \boxtimes Cold Stress - The FSO shall generally be guided by the Weston OP in determining work/rest periods. Workers shall be provided with adequate warm clothing, rest opportunities and exposure protection. Warm and/or sweet fluids shall also be provided during rest periods. \boxtimes Precipitation - Personnel should be aware of the increased risk of slips and falls on wet surfaces as well as exposure effects caused by wet clothing. Personnel should dress appropriately. \boxtimes Lighting - Fixed or portable lighting shall be maintained for dark areas or work after sunset to ensure that sufficient illumination is provided. \boxtimes Work Near Water - All personnel working in boats, on docks or generally within 10 feet of water deeper than 3 feet shall wear approved personal flotation devices (PFDs) or work vests and wading boots as appropriate. High Noise Levels - Hearing protection shall be used in high noise areas (exceeding 85 dBA - generally where noise levels require personnel to raise their voices to be heard) as designated by the FSO. Electrical Hazards - Electrical hazards should be identified on the site work zone map and marked out as appropriate. All electrical equipment should be used with a ground fault circuit interrupter (GFCI). \boxtimes Trip Hazards - Open manholes, pits, trenches or similar hazards should be noted on the site map and should be marked off on site as appropriate. \boxtimes Carbon Monoxide - Equipment operators shall ensure that personnel do not linger or work near exhaust pipes. UV Light Exposure - Personnel should dress so as to cover as much exposed skin as possible. Personnel should use a sunscreen with a protection factor (PF) of 15 or greater and should wear tinted safety glasses. Helicopter/Airplane Operations - Pilots shall provide safety briefings for all passengers. \boxtimes Motor Vehicles - Drivers shall maintain a safe speed at all times and shall not be allowed to operate vehicles in a reckless manner. Seat belts will be worn. In backing situations where the rear of the vehicle cannot be clearly seen, one person shall act as a ground guide to assist the driver. In situations where ground clearance and soil conditions are not known, one person shall dismount and act as a guide. (Also See Next Page) M Terrain (Slips, Trips and Falls) - All personnel will exercise due caution when walking through areas of uneven terrain and undergrowth to ensure proper footing. Ionizing Radiation - Any encounter with ionizing radiation requires Health Physics support. All START responders must wear personal dosimetry which should consist of a TLD and/or Self-Reading Dosimeter

(SRD).

| _1 | Non-Ionizing Radiation - To the extent possible personnel should maintain a minimum distance of 30 feet |
|--|---|
| | from devices emitting radio or microwaves. |
| | Underground/Overhead Utilities - All underground utilities must be marked out prior to conducting |
| | intrusive activities. At least 15 feet of distance must be maintained with overhead utilities. |
| | Confined Spaces - Confined spaces will not be normally entered by response personnel. If a confined |
| | space is to be entered, a specific confined space entry work permit will be developed for that operation. |
|] | Drum Handling - Drums must be handled in accordance with 29 CFR 1910.120. Containers must be |
| | labeled and constructed in accordance with EPA (40 CFR 264-265, and 300), and DOT (49 CFR 171-178) |
| | regulations. Temporary holding/staging areas for drums and other containers shall be constructed to |
| | contain spillage, runoff or accidental release of materials. Manual lifting and handling of drums shall be |
| | kept to a minimum. To the extent possible, mechanical devices, drum slings or other mechanical assist |
| | devices designed for that purpose should be used. |
| | |
| | SEE WESTON FIELD OPERATING PROCEDURES (OPs) FOR ADDITIONAL GUIDANCE |
| | Vehicle Use Assessment and Selection |
| Driv | ing is one of the most hazardous and frequent activities for WESTON Employees. The most appropriate type |
| | ele(s) authorized for use on this project is/are: |
| 1. Pe | ersonal/rental vehicle |
| 2. Si | TART response vehicle |
| 3. | |
| 4. | |
| The f | ollowing Project Team Member's qualifications and experience in driving these types of vehicles was evaluated |
| • | ound to be acceptable (indicate vehicle type(s) number next to employee name). Team Member's driving the |
| - | |
| J/14/14 | |
| 7 I. | RT box truck need to have a road test and DOT physical clearance every 2 years. |
| | eff Bryniarski |
| 2. T | eff Bryniarski im Walls |
| T B₁ | eff Bryniarski im Walls rennan Johnson |
| T B₁ Se | eff Bryniarski im Walls |
| T B1 Se | eff Bryniarski im Walls rennan Johnson |
| T B1 Se 6 | eff Bryniarski im Walls rennan Johnson |
| T B1 Se 6 7 | eff Bryniarski im Walls rennan Johnson |
| T B Se 6 7 8 | eff Bryniarski im Walls rennan Johnson |
| T B₁ Se 6. 7. 8. 9. | eff Bryniarski im Walls rennan Johnson |
| T Br Se 6. 7. 8. | eff Bryniarski im Walls rennan Johnson |
| 2. T 3. B1 4. Se 5. 6. 7. 8. 9. | eff Bryniarski im Walls rennan Johnson |

| | Insect Stings - Hornet, wasp or bee stings, mosquito. Personnel should avoid the nesting areas of these |
|-------------|---|
| | insects. Personnel who are allergic to these insects should carry bee sting kits. Personnel may find |
| | repellants containing DEET effective in keeping these insects away. |
| П | Poisonous Spiders - Black widow or brown recluse. Wear gloves when working in areas where these |
| | spiders may be present. If bitten, seek medical attention immediately. |
| П | Ticks - Personnel should wear Tyvek when working in wooded areas as a precaution. Barring this, |
| | personnel should wear light colored clothing and tuck pants into socks. Personnel should also wear a |
| | repellant containing DEET. Personnel should use the buddy system and perform a tick check after |
| | exiting wooded areas. Suspected bites should be reported immediately. |
| \boxtimes | Animal Bites - Personnel should use extreme caution when in contact with strange animals. If bitten, seek |
| | medical attention immediately. |
| | Snake Bites - Personnel should use extreme caution when working in areas known to be inhabited by |
| | snakes. Snake leggings or chaps should be worn as a precaution. If bitten, seek medical attention |
| | immediately. |
| П | Poisonous Plants - Personnel should use caution when working in wooded areas. Tyvek suits may be |
| | |
| _ | worn as a precaution. All personnel should wear Ivy Block. |
| | |
| 6. | worn as a precaution. All personnel should wear Ivy Block. TRAINING REQUIREMENTS |
| | TRAINING REQUIREMENTS |
| <u>x</u> | TRAINING REQUIREMENTS 40-Hour HAZWOPER Training. |
| x x | TRAINING REQUIREMENTS 40-Hour HAZWOPER Training. 8-Hour Annual Refresher Training w/ Blood borne Pathogen Training. |
| x x x | TRAINING REQUIREMENTS 40-Hour HAZWOPER Training. 8-Hour Annual Refresher Training w/ Blood borne Pathogen Training. CPR and First Aid Training. |
| x x | 40-Hour HAZWOPER Training. 8-Hour Annual Refresher Training w/ Blood borne Pathogen Training. CPR and First Aid Training. Site Health and Safety Supervisor Training (minimum one person on-site). |
| x x x | TRAINING REQUIREMENTS 40-Hour HAZWOPER Training. 8-Hour Annual Refresher Training w/ Blood borne Pathogen Training. CPR and First Aid Training. Site Health and Safety Supervisor Training (minimum one person on-site). 24-Hour Course for limited, specific tasks with 8-hour supervised OJT. |
| x x x | TRAINING REQUIREMENTS 40-Hour HAZWOPER Training. 8-Hour Annual Refresher Training w/ Blood borne Pathogen Training. CPR and First Aid Training. Site Health and Safety Supervisor Training (minimum one person on-site). 24-Hour Course for limited, specific tasks with 8-hour supervised OJT. 24-Hour Course for Level "D" site with 8-hour supervised OJT. |
| x x x | 40-Hour HAZWOPER Training. 8-Hour Annual Refresher Training w/ Blood borne Pathogen Training. CPR and First Aid Training. Site Health and Safety Supervisor Training (minimum one person on-site). 24-Hour Course for limited, specific tasks with 8-hour supervised OJT. 24-Hour Course for Level "D" site with 8-hour supervised OJT. 10-Hour Construction Safety Training |
| x x x | TRAINING REQUIREMENTS 40-Hour HAZWOPER Training. 8-Hour Annual Refresher Training w/ Blood borne Pathogen Training. CPR and First Aid Training. Site Health and Safety Supervisor Training (minimum one person on-site). 24-Hour Course for limited, specific tasks with 8-hour supervised OJT. 24-Hour Course for Level "D" site with 8-hour supervised OJT. |
| X X X | 40-Hour HAZWOPER Training. 8-Hour Annual Refresher Training w/ Blood borne Pathogen Training. CPR and First Aid Training. Site Health and Safety Supervisor Training (minimum one person on-site). 24-Hour Course for limited, specific tasks with 8-hour supervised OJT. 24-Hour Course for Level "D" site with 8-hour supervised OJT. 10-Hour Construction Safety Training Confined Space Training |
| X X X | 40-Hour HAZWOPER Training. 8-Hour Annual Refresher Training w/ Blood borne Pathogen Training. CPR and First Aid Training. Site Health and Safety Supervisor Training (minimum one person on-site). 24-Hour Course for limited, specific tasks with 8-hour supervised OJT. 24-Hour Course for Level "D" site with 8-hour supervised OJT. 10-Hour Construction Safety Training Confined Space Training Competent Person Fall Prevention and Protection Training |
| X X X | 40-Hour HAZWOPER Training. 8-Hour Annual Refresher Training w/ Blood borne Pathogen Training. CPR and First Aid Training. Site Health and Safety Supervisor Training (minimum one person on-site). 24-Hour Course for limited, specific tasks with 8-hour supervised OJT. 24-Hour Course for Level "D" site with 8-hour supervised OJT. 10-Hour Construction Safety Training Confined Space Training Competent Person Fall Prevention and Protection Training Competent Person Trenching and Excavation Training |
| x x x | 40-Hour HAZWOPER Training. 8-Hour Annual Refresher Training w/ Blood borne Pathogen Training. CPR and First Aid Training. Site Health and Safety Supervisor Training (minimum one person on-site). 24-Hour Course for limited, specific tasks with 8-hour supervised OJT. 24-Hour Course for Level "D" site with 8-hour supervised OJT. 10-Hour Construction Safety Training Confined Space Training Competent Person Fall Prevention and Protection Training Competent Person Trenching and Excavation Training Dangerous Goods Shipping |

| 7. MEDICA | MEDICAL SURVEILLANCE REQUIREMENTS | | | | | | |
|---|--|------------------------------|--|-------------------------------|--------------------|---------------------------------------|--|
| X Baseline p | Baseline physical examination with physician certification. | | | | | | |
| X Annual pl | nysical examinat | ion with physician cer | rtifica | tion. | | | |
| X Two-Year | DOT physical e | xamination with phys | ician | certification (DOT ca | ırd). | | |
| X Annual Fi | t Test | | | · | · | | |
| Site-specif | ic medical moni | toring protocol, Specit | fv: | | | | |
| | worker protocol. | 01 / 1 | , | | | | |
| | - | veillance, Specify Reas | ion: | | | | |
| | | ne event of chemical to | | | | | |
| 8. CHEMICAL HAZARDS TO PERSONNEL | | | | | | | |
| The following chemi | cals are known or | suspected to be at this s | ite: | | | | |
| | l Contaminates | · | | azardous Material b | rought on-site by | Contractors | |
| | Chemical Name Concentration Chemical Name Quantity | | | | | | |
| Unknown Oil (possi | nknown Oil (possibly Unknown 🗵 Cal-gas Isobutylene (100ppm) | | | | | | |
| crude oil) | | | | | | | |
| | LEL=50%, O2=20.9%) | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | <u> </u> | | | · · · · · · · · · · · · · · · · · · · | |
| | | | <u> </u> | | | | |
| Web Links | | | | | | | |
| NIOSH Pocket Guide (Electronic Version) - http://www.cdc.gov/niosh/npg/npgname-a.html | | | | | | | |
| 2. Vermont SIRI M | ISDS Collection - <u>l</u> | http://hazard.com/msd | <u>s/</u> | | | | |
| 3. J.T. Baker/Malli | nkrodt MSDS Col | lection - http://www.m | allbak | er.com | | • | |
| 4. NIOSH Chemic | al Safety Cards - <u>h</u> | ttp://www.cdc.gov/nic | osh/ip | csneng/neng0000.htm | į | | |
| 5. North Americ a r | Emergency Resp | onse Guide (Material Se | arch) - | http://hazmat.dot.go | v/pubs/erg/psnsor | t.htm | |
| 6. North Americar | Emergency Resp | onse Guide (ID Number | Searc | h) - <u>http://hazmat.dot</u> | .gov/pubs/erg/unic | lum.htm | |
| 7. North American | 7. North American Emergency Response Guide (Isolation Distances) - http://hazmat.dot.gov/pubs/erg/greenpgs.htm | | | | | | |
| Additional Links | | | | | | | |
| 1. U.S. Environmenta | | , | | | | | |
| ; ! | | cy OSC Home Page - <u>ht</u> | tp://v | www.epaosc.net | | | |
| 3. OSHA - <u>http://w</u> | _ | | . , | | | | |
| . 4. National Atmosph | eric Release Advi | sory Center (NARAC) -] | <u>http:/</u> | /narac.linl.gov/ | | | |
| Attach information of | btained from any | of the above references: | imme | liately after this page. | | | |
| | | | | , -10 | | | |
| | | | | | | | |

9. SITE SAFETY BRIEFINGS/MEETINGS

- All personnel shall be provided with an initial and daily site safety briefing to communicate the nature, level and degree of hazards expected on site.
- All personnel will also receive briefings when significant changes in site conditions occur and the Health and Safety Plan will be revised accordingly.

10. EMERGENCY PROCEDURES

- In all cases when an on-site emergency occurs, personnel shall not reenter the area or restart work until:
 - The condition resulting in the emergency has been investigated and has been corrected;
 - ✓ Hazards have been reassessed; and
 - ✓ Personnel have been briefed on any changes in either site operations or the site health and safety plan.
- · Emergency Medical Procedures
 - ✓ Contact designated EMT; and
 - ✓ Do <u>not</u> attempt to move seriously injured personnel.
- · Emergency Fire Procedures
 - ✓ Do not attempt to fight fires other than small fires in the early stages of development;
 - ✓ Do <u>not</u> take extraordinary measures to fight fires; and
 - ✓ Evacuate to a safe distance and call the fire department.
- Evacuation routes and assembly point(s) should be established locally, and all personnel should be informed of assembly point location during safety briefings.

11. COMMUNICATIONS

- General signals during respirator usage:
 - THUMBS UP I'm OK/I Agree
 - > THUMBS DOWN I Don't Agree
 - ► HANDS ACROSS THROAT Out of Air/Trouble Breathing
 - GRAB HAND/ARM Come with Me
 - ➤ HANDS ON HEAD I Need Assistance
- Radio Communications
 - ➤ Working Channel 1
 - > Emergency Channel 2
- Mobile Telephone(s) (See page 1 and 7)

Web Links

- 1. Hospital Locator http://www.hospitaldirectory.com
- 2. White Pages http://whitepages.com
- 3. Yellow Pages http://yellowpages.com
- 4. Yahoo Maps- http://maps.yahoo.com
- 5. Google Maps- http://google.com/maps

| Emergency | Location | Telephone Number | Notified |
|-------------------------|--|--------------------------|----------|
| Contact | | | |
| Hospital (Primary) | Saint Catherine Hospital 4321 Fir Street, East Chicago, IN 46312 | (219) 392-7004 or 911 | No |
| Hospital (Secondary) | NA | NA | No : |
| Ambulance | 911 | 911 | No |
| Police | 911 | 911 | No |
| Fire Department | 911 | 911 | No |

Does primary hospital have chemical trauma capability? Yes

If no, then where is the closest backup? Enter Back-up Hospital Name Here

Enter Telephone Number Here

ADDITIONAL EMERGENCY TELEPHONE CONTACTS

| Co ntact | Telephone/Pager Number | Contact | Telephone/Pager Number |
|--|-----------------------------|--|---------------------------------------|
| R1 OSC Phone | Steve Faryan / 312-802-0507 | R2 OSC Phone | Mike Beslow/312-802-0711 |
| START R1 Cell Phone | Jeff Bryniarski (R1)- | START R2 Cell Phone | Brennan Johnson (R2)- |
| START FSO Cell Phone | Brennan Johnson (R2)- | START Project Manager | Trenna Seilheimer/ (260) 348- 4911 |
| START Program Manager- Robert Beck | | START Manager- Dan Capone | (517) 381-5936 (O), |
| START Manager- Rick Mehl | (312) 424-3312 (O), | START Manager- Frank Beodray | (440) 202-2806 (O), |
| START H&S Officer- Linda Korobka | | Alternate START H&S Officer- Ted Deecke | |
| Weston Med. Consultant- Workcare - Dr. Peter Greaney | (800) 455-6155 | Weston Warehouse | (847) 265-5089 (O), |

| Contact | Telephone/Pager Number | Contact | Telephone/Pager Number |
|--------------------------|---|---------------------------------------|------------------------|
| CHEMTREC (Emergency) | (800) 424-9300 | CHEMTREC (Non- E merge ncy) | (800) 262-8200 |
| ATSDR- Dr. Mark Johnson | (312) 353-3436 (O), (312) 307-7415 (C) | EPA Regional Response Center | (312) 353-2318 |
| National Response Center | (800) 424-8802 | Utility Markout Services | |
| National Poison Control | (800) 942-5969 | | |

| 12. | DECONTAMINATION PROCEDURES |
|-------------|--|
| | Wet Decontamination Decontamination Method (s): <u>Click Here for Options</u> |
| | Dry Decontamination |
| \boxtimes | All investigative derived waste (IDW) generated will be placed in appropriate containers, labeled and |
| sto | red on site for eventual disposal. |
| | Refer to Attachment A for additional Decontamination Procedures. |
| De | scription of site specific decontamination plan: |
| Ad | equacy of Decontamination determined by: Click Here for Options |
| 13. | PHYSICAL DESCRIPTION OF SITE |
| | |
| | Enter the following information if known or complete when known: |
| | 1. Size of site: acre (estimated) |
| | 2. Distance to nearest residence:feet |
| | 3. Nearest waterway:Namefeet |
| | 4. Nearest school:Namefeet |
| | 5. Nearest hospital: Saint Catherine Name 7 miles |
| | |
| | <u>Web Links</u> |
| 1. | MSA Response Respirator Selector - http://msanet.com/response/chemicalsearch.asp |
| 2. | MSA Cartridge Life Expectancy Calculator - http://webapps.msanet.com/cartlife/ |
| 3. | Scott Respirator Selection - http://www.scotthealthsafetv.com/airpur.htm |
| 4. | Kappler Suit Smart PPE Selector - http://www.kappler.com/techdata main.html |
| 5. | SKC air sampling (for the proper sampling methods and the mediums) - http://www.SKCinc.com |
| 6. | Wireless Information System for Emergency Responders (WISER) - |
| | http://webwiser.nlm.nih.gov/getHomeData.do |
| 7. | DuPont TM SafeSPEC TM - http://www2.dupont.com/NOWApp/DPPRequestGateway/ |
| | |

Action Levels These Action Levels, if not defined by regulation, are some percent (usually 50%) of the applicable PEL/TLV/REL. That number must also be adjusted to account for instrument response factors Action Level Tasks Action Explosive atmosphere ΑII Ambient Air Confined Space Concentration Concentration 0 to 1% LEL <10% LEL Work may continue. Consider toxicity potential. 10 to 25% LEL 1 to 10% LEL Work may continue. Increase monitoring frequency. Work must stop. Ventilate >10% LEL >25% LEL area before returning. All Ambient Air Confined Space Oxygen Concentration Concentration <19.5% O₂ <19.5% O₂ Leave area. Re-enter only with self-contained breathing apparatus. 19.5% to 25% O₂ 19.5% to 23.5% O2 Work may continue. Investigate changes from 21%. >25% O₂ >23.5% O₂ Work must stop. Ventilate area before returning. **Radiation** AII< 3 times background Continue work. Radiation above background 3 times background to $\leq 1 \, \text{mR/hour}$ levels (normally 0.01-0.02 mR/hr) signifies possible radiation source(s) present. Continue investigation with caution. Perform thorough monitoring. Consult with a Health Physicist. > 1 mrem/hour Potential radiation hazard. Evacuate site. Continue investigation only upon the advice of Health Physicist. 0-10 units Level D Organic gases and ΑI 10 - 150 units Level D (if no benzene) vapors Level C 150 - 300 units Level B >300 units See FLD 61 - gasoline May monitor with ultraRAE for benzene if greater than 0.5 benzene - upgrade Work upwind. If visible dust Airborne particulate >1.5 mg/m3 by visual Inorganic gases, vapors, All cannot be controlled, stop and particulates estimation or PDR work and reevaluate.

Task#1

Site Reconnaissance & Air Monitoring

| Jyp | 1 | | | | | | 1 |
|---------|-----------------------|---------------|----------------|------------|--------------|---|---|
| - | Type of Suit/Coverall | Inner Glove | Outer Glove(s) | Boot Cover | Type of APR | Cartridge Service Life | |
| | | | | | Cartridge | (minutes) | |
| יבאבו ס | None Required | None Required | Nitrile | Latex | GME-P100 (if | End of workshift, or sooner if odors are detected | |
| | | | | | above action | | |
| | | | | | level) | | |

Task#2

| Life | | rs are detected | | |
|-----------------------|---|--|--|--|
| Cartridge Service | (minutes) | End of workshift, or sconer if odo | | |
| Type of APR | Cartridge | GME-P100 (if | above action | level) |
| Boot Cover | | Latex | | |
| Outer Glove(s) | | None Required | | |
| Inner Glove | | None Required | | |
| Type of Suit/Coverall | | Nomex Coverall | | |
| Level of | Protection | Level "D" | | |
| | Type of Suit/Coverall Inner Glove Outer Glove(s) Boot Cover | Type of Suit/Coverall Inner Glove Outer Glove(s) Boot Cover Type of APR Cartridge | Type of Suit/Coverall Inner Glove Outer Glove(s) Boot Cover Type of APR Cartridge Cartridge None Required None Required Latex GME-D100 (if End of workshif | Type of Suit/Coverall Inner Glove Outer Glove(s) Boot Cover Type of APR Cartridge Nomex Coverall None Required None Required Latex GMB-P100 (if above action |

Task#3

| | it necessary | |
|---|-------------------------|--|
| • | ≓ . ъ | |
| | sampling | |
| | | |
| | water/sou | |
| , | continuation water/soil | The same and the s |
| | on duct o | |
| | 7 | |
| • | _ | |

| Cartridge Service Life | (minutes) | End of workshift, or sooner if odors are detected | | |
|------------------------|------------|---|--------------|--------|
| Type of APR | Cartridge | GME-P100 (if | above action | level) |
| Boot Cover | | Latex | | |
| Outer Glove(s) | | Nitrile | | |
| Inner Glave | | None Required | | |
| Type of Suit/Coverall | | None Required | | |
| Level of | Protection | Level "D+" | | |

Task#4

Click Here for Options

| | Click Here | Click Here | Click Here | Click Here | Click Here | Click Here |
|------------------------|-------------|------------|----------------|-------------|-----------------------|------------|
| (numtes) | Cartridge | | | | | Protection |
| Cartridge Service Life | Type of APR | Boot Cover | Outer Glove(s) | Inner Glave | Type of Suit/Coverall | Level of |
| | | | | | | |

Task#5

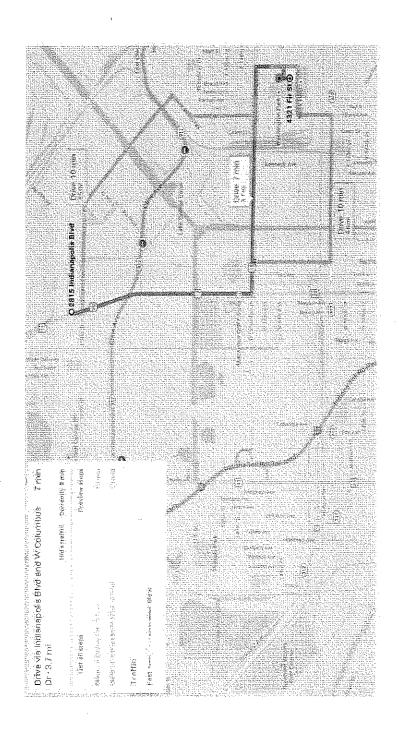
Click Here for Options

| Cartridge Service Life | (minutes) |
|------------------------|------------|
| | Cartridge |
| Boot Cover | |
| Outer Glove(s) | |
| Inner Glove | |
| Type of Suit/Coverall | |
| Level of | Protection |

| ere Click Here | |
|-------------------|---|
| Click Here | - |
| k Here Click Here | |
| Ĭ | |
| Click Here | |
| Click Here | |

Site Maps

Hospital Location Map and Directions



180 OU

Drive 3.7 mi. 7 min

Drections from 2815 Indianapolis Blvd to 4321 Fit St

O 2815 Indianapolis Blvd

White Statistic

| | The state of the s | D 11 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | <u>.</u> | | | |
|--------|--|--|----------|--------------------|---------------------------------------|----|
| | | | | | - : | |
| | 2. Tipin left sinfö W dolumbus Dr. | | | | | |
| F | | : | | | W 24 | -2 |
| | े. ीक्षण मेवीना क्यांत्र सीमा अर | | | | | |
| : à | | | | Sales Harrist of a | | 8 |
| - 4 | d. Lattigmento E (13rd St. | | | | | |
| | | | | - 1 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | - |

@ 4321 Fir St

Est Divingo, M 45.12

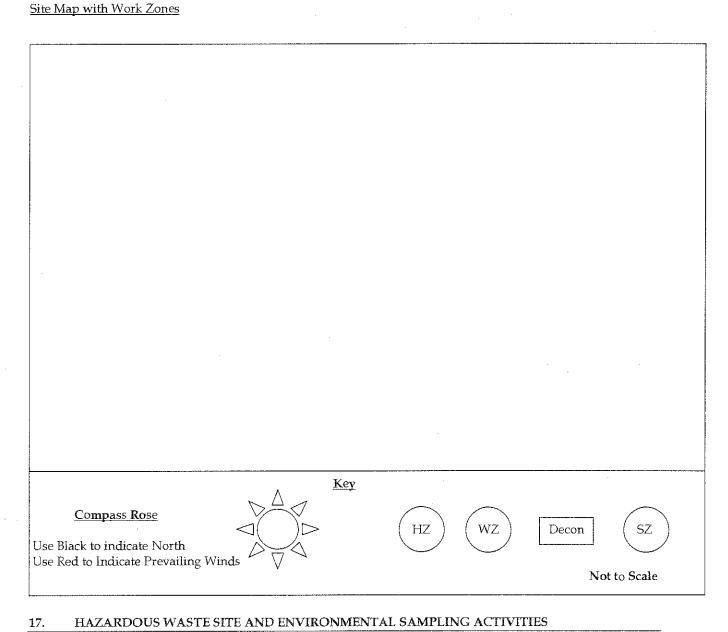
Date de començar en Est tales en participas codes des remais ford entergrant calcionate la cione de collection de començar en començar en conservante en establecimiente de començar la contra medigon characteristica de conservante de conservante en conservante en la començar en conservante en començar en conservante en

प्रकार वेज्राव मायेको व संग्रहात

https://www.google.com/https/dir/2815/Jnditinapolis/Blvd, Withing, IN4463944321-F., 972372014

| 16. SITE (| CONTROL | $_{L}$ MEA | SURES |
|------------|---------|------------|-------|
|------------|---------|------------|-------|

| 1. | No person should enter the site without subscribing to this or another appropriate Health and Safety Plan. |
|----|--|
| 2. | The buddy or line of sight system is mandatory for all site personnel. |



Were Samples Obtained Off Site? Yes No On Site? Yes No Type(s) of Samples: Air SW GW Drum/Tank Soil Sediment Asbestos Wipe Other:_____ How obtained: Poly Scoop Drum Thief/Coliwasa SS Trowel Split Spoon Auger Bailer Dredge Bottle Immersion Pump Low-Flow Pump Other:_____

Was Lab notified of Potential Hazard Level of Samples? Yes No

_ррт СО

_ppm H₂S _ppm VOC

| Date: | // | | | Collected by: | | | |
|------------------|---------------------------------|---------------|--------------------|-------------------|------------|---|-------|
| Please specify | where air monito | ring data wil | I be documen | ted: 🔲 Field | d Notebook | Field Data Sl | neets |
| Air Monito | ring Log 🔲 Tri | p Report [| Other | | | | |
| Station Location | Mu)ti-RAE | Micro FID | Radiation Meter | DataRAM or PDR | Lumex MVA | Other | Other |
| Background | | | | | | | |
| Readings | %LEL | ppm | μR/hr | µg/m³ | ng/m³ | | |
| | %O ₂ | | mR/hr | or | - | | |
| | ppm CO | | СРМ | mg/m³ | | | |
| | ppm H ₂ S | | | | | | |
| | ppm VOC | | | | | | |
| | %LEL | | | μg/m³ | | *************************************** | |
| • | %O ₂ | ppm | μR/hr | or | ng/m³ | | |
| | ppm CO | | mR/hr | mg/m³ | | | |
| | ppm H ₂ S | | CPM | | | | |
| | ppm VOC | | | | | | |
| | | | | | | | |
| | %LEL | ppm | µR/hr | μg/m³ | ng/m³ | | |
| | $_{}$ % O_2 | | mR/hr | or | | | |
| | ppm CO | | СРМ | mg/m³ | | | |
| | ppm H ₂ S | | | | | | |
| | ppm VOC | | | | | | |
| | 0/1 77 | | - (1 | , . | | | |
| | %LEL | ppm | µR/hr | µg/ m³ | ng/m³ | | • |
| | %O ₂ | | mR/hr | or | | | |
| | ppm CO | | CPM | mg/m ³ | | | |
| | ppm H ₂ S ppm VOC | | | | | | |
| | ррш vос | | | | | | |
| | %LEL | nnm | μR/hr | µg/m³ | ng/m³ | | |
| | %O ₂ | ppm | nR/III mR/hr | or | ng/ in | | |
| | ppm CO | | CPM | mg/m³ | | | |
| | ppm H ₂ S | | C. IVI | mg/ m | | | |
| | ppm VOC | | | | | | |
| | | | | | | | |
| | %LEL | ppm | μR/hr | μg/ m³ | ng/m³ | | |
| | %O ₂ | | mR/hr | C// | J | | |

_mg/m³

_CPM

| Instrument, Mfg., Model, Equip. ID No. | Date | Time | Calib. Material | Calib. Method Mfg.'s | Other | Initial Setting and Reading | Final Setting and Reading | Calibrator's Initials |
|---|------|----------|--------------------|----------------------------|-------|-----------------------------------|--|--------------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | ., | | | | ! | | | |
| | | | | | | | | |
| | | | | • | | | | |
| | | | | | | | | |
| | | : | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | , | | | | | | | |
| | | | | | | | | |
| | | <u> </u> | | ···· | · | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | *********** | | | | |

20. SITE HEALTH AND SAFETY PLAN ACKNOWLEDGEMENT

| Name (Printed) | Signature | Affiliation | Date |
|----------------|-----------|-------------|------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | · | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Disclaimer: This Health and Safety Plan (HASP) was prepared for work under the Superfund Technical Assessment and Response Team (START) Contract EP-S5-06-04. Use of this HASP by WESTON and its subcontractors is intended to fulfill the OSHA requirements found in 29 CFR 1910.120. Items not specifically covered in this HASP are included by reference to 29 CFR 1910 and 1926.

| Comments/Follow Up | | | |
|--------------------|-----------|--|--|
| | • · · · · | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Attachment A DECONTAMINATION PLAN

(If applicable, include additional decontamination procedures, e.g. Section 5 from Weston Corporate HASP)